

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 04/18/2011
 FORM APPROVED
 OMB NO. 0938-0391

454 5/29/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2011
NAME OF PROVIDER OR SUPPLIER RAINTREE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 415 PACE STREET MC MINNVILLE, TN 37110		
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F 000	INITIAL COMMENTS An annual recertification survey and complaint investigation numbers 26588, 26629, 26665, 26433, 27348 were completed at Raintree Manor, on April 14, 2011. No deficiencies were cited related to the complaint investigations under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000	This plan of correction is submitted as required under state and federal law. The submission of this plan of correction does not constitute an admission on the part of Raintree Manor to the accuracy of the surveyor's findings nor the conclusion draw there from. The facility's submission of this plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide a nutritional supplement ordered by the physician for one resident (#2) of twenty-four residents reviewed. The findings included: Resident #2 was admitted to the facility on January 22, 2009, and readmitted on August 13, 2009, with diagnoses including Congestive Heart Failure, Coronary Artery Disease, Alzheimer's Disease, and Chronic Airway Obstruction. Medical record review of the physician phone order dated April 5, 2011, revealed "...Add liquid nutritional supplement 120 cc (cubic centimeters) with 9am, 3pm + (and) 9pm med pass..."	F 281	F281 1. Resident # 2 was assessed on April 13, 2011 by the Director of Nursing and Registered Dietitian. On April 13, 2011, the Resident's physician was notified by the Director of Nursing. No adverse outcome identified. Resident #2 the nutritional supplement was immediately provided by the Assistant Director of Nursing on April 13, 2011.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Carl L. Young

Administrator

4-26-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	Continued From page 1 Medical record review of the April 2011, Medication Administration Record (MAR) revealed no documentation of the nutritional supplement ordered on April 5, 2011. Observation on April 12, 2011, at 12:50 p.m., and April 13, 2011, at 8:00 a.m., revealed the resident in the dining room eating ice cream and only bites taken from meal served. Interview with Licensed Practical Nurse #2, on April 12, 2011, at 1:00 p.m., in the conference room, confirmed the April 5, 2011, physician order had not been transcribed on to the MAR. Further interview confirmed the amount consumed and the nurse initials should be on the MAR to document the supplement intake. Further interview confirmed the resident had not received the ordered nutritional supplement.	F 281	2. All residents were audited 100% for nutritional supplement orders to ensure all supplement orders where processed correctly on April 21, 2011 by the Director of Nursing, Assistant Director of Nursing and/or Registered Nurse Unit Manager. All dietary tray cards were audited 100% for dietary supplements to be provided at meals, by Dietary Manager on April 21, 2011. No other residents were affected by the practice.		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility documentation, review of manufacturer's specifications, observation, and interview, the facility failed to ensure a perimeter mattress was in place to prevent falls for one (#8) of twenty-four	F 323	3. In-services were provided for all Registered Nurses and Licensed Practical Nurses on policy and procedure for processing physician's orders on April 20-26, 2011 by Director of Nursing. In-services by the Dietary Manager on April 21-26, 2011 were provided for the Cooks and Dietary Aides on reviewing tray cards, and ensuring nutritional supplements are in place. 4. All new nutritional supplement orders will be audited daily for two weeks, then three times a week for four weeks, then one time a week for six weeks and/or 100% compliance by Director of Nursing, Assistant Director of Nursing, or Unit Managers for complete processing.		

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F 323	<p>Continued From page 2 residents reviewed.</p> <p>The findings included:</p> <p>Resident #8 was admitted to the facility on February 2, 2011, with diagnoses including General Muscle Weakness, Coronary Artery Anomaly, Presenile Dementia, Presenile Depression, and Diaphragmatic Hernia.</p> <p>Medical record review of the Minimum Data Set (MDS) dated February 9, 2011, revealed the resident had moderate cognitive impairment, and required extensive assistance with transfers and ambulation.</p> <p>Medical record review of a nurse's note dated March 10, 2011, at 7:19 a.m., revealed "...nurse was called to room at 2:30am (a.m.) to find resident lying in floor beside bed towards right side of body, assessed and found to have a small abrasion to right wrist..."</p> <p>Review of the facility documentation dated March 10, 2011, revealed "...intervention recommendations...perimeter mattress to bed for edge of bed awareness..." Continued review revealed "...+ (positive) results with perimeter mattress as of 3/18/11 no further falls..."</p> <p>Review of the manufacturer's specifications revealed "...Mattress with Wings...The supportive, raised perimeter...cradles the resident, helping prevent injury...gently urging user away from danger positions near the edge of the mattress..."</p> <p>Medical record review of a nurse's note dated April 8, 2011, at 12:03 p.m., revealed "...At Risk Meeting...falls without injury interventions in place</p>	F 323	<p>All results of the above will be reported by Director of Nursing quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Restorative Nurse, Medical Records, Minimum Data Set Coordinator, Rehab Director, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.</p> <p>Dietary Manager and /or Dietary Supervisor will audit daily for two weeks, then three times a week for four weeks, then weekly for six weeks and/or 100 % compliant for nutritional supplements provided on trays with meals.</p> <p>All results of the above will be reported by Dietary Manager quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Restorative Nurse, Medical Records, Minimum Data Set Coordinator, Rehab Director, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.</p>		4/27/11

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F 323	Continued From page 3 with no recent events..."	F 323	F323		
	Medical record review of a nurse's note dated April 8, 2011, at 12:11 p.m., revealed the resident was moved to a different room on the same floor.		1. Resident # 8 was assessed on April 13, 2011 by the Director of Nursing. On April 13, 2011, the Resident's physician was notified by the Director of Nursing. No adverse outcome identified.		
	Observation in the resident's new room on April 13, 2011, at 3:12 p.m., revealed a perimeter mattress was not in place on the resident's bed.		Resident's #8 perimeter mattress was placed on the bed immediately by the Restorative Nurse on April 13, 2011.		
	Interview on April 13, 2011, at 3:20 p.m., with Licensed Practical Nurse (LPN) #1, in the resident's room, confirmed the facility transferred the resident to a different room on April 8, 2011, and the facility failed to place the perimeter mattress on the resident's bed.		2. All residents mattresses were audited 100% to ensure appropriate mattresses were in place on April 13, 2011 by the Restorative Nurse.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441	No other residents were affected by the practice.		
	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.		3. In-serviced all nursing staff including: Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants on use and placement of specialized mattresses by the Director of Nursing, Assistant Director of Nursing, and/or Restorative Nurse on April 20-26, 2011.		
	(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.				
	(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must				

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F 441	<p>Continued From page 4</p> <p>isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure staff followed infection control practices for one resident (#2) receiving oxygen therapy, and one resident (#4) receiving wound care of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on January 22, 2009, and readmitted on August 13, 2009, with diagnoses including Congestive Heart Failure, Coronary Artery Disease, and Chronic Airway Obstruction.</p> <p>Medical record review of the Recapitulation Order dated April 2011, revealed the physician ordered "...Oxygen (O2) @ (at) 2 L/M (liters per minute) BNC (by nasal cannula) as needed dyspnea..."</p>	F 441	<p>All Housekeeping staff was in-serviced on moving of resident's bed and mattress when rooms are changed by Environmental Services Director by April 20-26, 2011</p> <p>4. Director of Nursing, Assistant Director of Nursing, and/or Restorative Nurse to check all specialized Mattresses weekly for four weeks, then every two weeks for 8 weeks and/or until 100 % compliance is achieved.</p> <p>All results of the above will be reported by Director of Nursing quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Restorative Nurse, Medical Records, Minimum Data Set Coordinator, Rehab Director, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.</p> <p><u>F441</u></p> <p>1. Resident # 4 was assessed on April 13, 2011 by the Director of Nursing and on April 20, 2011, by the Resident's physician. No adverse outcome identified.</p>		4/27/11

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F 441	<p>Continued From page 5</p> <p>Observation on April 12, 2011, at 3:43 p.m., revealed the nasal cannula on the cover of the resident's bed. Further observation revealed a recliner, with the seat covered in long white/grey hair and particles of debris. Further observation revealed a second nasal cannula on the recliner seat covered with the debris.</p> <p>Observation and interview with Licensed Practical Nurse #2, on April 12, 2011, at 3:45 p.m., in the resident's room, confirmed one cannula was on the bed cover and the other cannula was on a debris covered recliner seat. Further interview confirmed the cannula on the recliner belonged to the resident's roommate. Further interview confirmed both cannulas were to be stored in a bag when not in use and the current cannulas were to be disposed of.</p> <p>Resident #4 was admitted to the facility on March 1, 2004, with diagnoses including Paraplegia, Neurogenic Bladder, Transcerebral Ischemia, and Decubitus Ulcer. Review of the Minimum Data Set (MDS) dated March 3, 2011, revealed the resident scored 14 of 15 on the Brief Interview for Mental Status with 15 being the highest possible score. Continued review revealed the resident required extensive assistance with mobility, transfers, and personal hygiene.</p> <p>Review of the facility's wound care report revealed the resident had a Stage III (MDS definition - A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue), wound on the right ischium. Review of the facility's documentation dated March 3, 2011, revealed the resident was at risk</p>	F 441	<p>Resident # 2 and the roommate were assessed on April 12, 2011 by the Director of Nursing. On April 12, 2011, the Resident's physician was notified by the Director of Nursing. No adverse outcome identified.</p> <p>Resident's #2 and Roommate's oxygen nasal cannula were discarded and replaced by the Assistant Director of Nursing on April 12, 2011.</p> <p>2. All residents receiving oxygen were audited 100% for proper storage of nasal cannula by the Director of Nursing, Assistant Director of Nursing and Staff Development Nurse by April 21, 2011.</p> <p>No other residents were affected by the practice.</p> <p>3. An in-service was performed by the Director of Nursing with the Wound Care Nurse on infection control practices on April 12, 2011.</p> <p>In-services were performed by the Director of Nursing, Assistant Director of Nursing and/or Staff Development with Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants on infection control practices, appropriate name badge, proper use and storage of oxygen supplies while not in use on April 13-26, 2011.</p>		

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F 441	<p>Continued From page 6</p> <p>for pressure ulcers, and had a Stage III area measuring 4.0 cm (centimeters) in length by 2.2 cm in width by 1.3 cm in depth, with slough present.</p> <p>Medical record review of the Physician's Orders signed April 1, 2011, revealed, "...wound vac (vacuum) drsg (dressing) change every 3 days & (and) as needed for accidental removal, cleanse wd (wound) site w/ (with) NS (normal saline) or wound cleanser; pat dry; pack w/moistened gauze & apply drain tube, secure/ with _____ (a brand name clear adhesive dressing), attach to wound vac @ (at) pre-set setting..."</p> <p>Observation in the resident's room on April 13, 2011, at 9:55 a.m., of the Treatment Nurse cleansing the resident's wound with the normal saline, revealed the nurse's badge dangled low from the neck, touched the resident's skin above the wound site and the bed linen multiple times before the Treatment Nurse acknowledged the problem by slinging the badge up around the neck to the back area.</p> <p>Interview with the Treatment Nurse in the hallway outside the resident's room on April 13, 2011, at 10:30 a.m., confirmed the badge hanging from the neck had contaminated the treatment area. Observation at this time revealed the Treatment Nurse removed the badge from around the neck, and discarded the badge into the trash receptacle on the treatment cart.</p>	F 441	<p>Instruction and education was done with alert and oriented residents that apply and remove their oxygen at will regarding infection control and proper storage of oxygen supplies by the Staff Development Nurse by April 21, 2011.</p> <p>4. Director of Nursing and/or Assistant Director of Nursing will perform wound care rounds with wound care nurse weekly for 12 weeks and/or 100% compliance to ensure proper infection control practices are followed.</p> <p>The Administrator, Director of Nursing, and/or Department Manager on Duty will perform daily checks of staff for appropriate name badges for two weeks, three times a week for four weeks and weekly for six weeks and/or 100% compliance.</p> <p>The Director of Nursing, Assistant Director of Nursing and/or Unit Manager will review charge nurse round sheet daily for 2 weeks, then three times a week for four weeks then weekly for six weeks and/or 100% compliant.</p> <p>All results of the above will be reported by Director of Nursing quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Restorative Nurse, Medical Records, Minimum Data Set Coordinator, Rehab Director, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.</p>		4/27/11